

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000007628

FILED
May 11, 2011
Secretary of State

Entity Name: COMPANION ANIMAL HOSPITAL, INC.

Current Principal Place of Business:

1816 LYNNCREST RD.
LAKELAND, FL 33801

New Principal Place of Business:

1816 LYNNCREST ROAD
LAKELAND, FL 33803

Current Mailing Address:

453 ARCHAIC DR
WINTER HAVEN, FL 33880

New Mailing Address:

FEI Number: 30-0530800

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MATTSON, ARTHUR E
453 ARCHAIC DR.
WINTER HAVEN, FL 33880 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D
Name: MATTSON, ARTHUR E
Address: 453 ARCHAIC DR
City-St-Zip: WINTER HAVEN, FL 33880

Title: D
Name: MATTSON, PATRICIA G
Address: 453 ARCHAIC DR
City-St-Zip: WINTER HAVEN, FL 33880

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: PATRICIA MATTSON

D

05/11/2011

Electronic Signature of Signing Officer or Director

Date